

LIGATION OF THE LINGUAL ARTERY THROUGH THE MOUTH IN EXCISING HALF OF THE TONGUE.

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THE method to which I wish to draw attention is based on the fact that the hyoglossus muscle, although attached to the posterior third of the tongue, can be reached from the mouth when the tongue is drawn far out and the mucous membrane has been divided between it and the jaw. The operation is performed as follows: The jaws are opened widely; the tongue drawn forward with a stout silk suture in each half; the mucous membrane divided along the middle line of the dorsum, behind the growth, and between the tongue and the jaw; the tongue split; and the fibres of the genio-hyoglossus divided close to the symphysis with scissors so that the diseased half of the tongue can be drawn well out of the mouth.

After this, with a few vertical strokes of a director or other blunt instrument, the anterior edge of the hyoglossus muscle is defined. The director is then insinuated beneath the muscle, the tissues being separated with the point before the instrument is pushed on. The muscle is next carefully cut through on the director for about two-thirds of its extent, and the fibres retracting leave the artery at the bottom of the wound covered only by a little connective tissue. With the point of an aneurism-needle or director the vessel can then be easily defined as a bluish cord, and traced downward and backward. An aneurism-needle should then be passed under

it, and the vessel tied before it is cut. Some may prefer to seize it with forceps and cut before tying it, but the previous ligature is easier. After the artery has been ligatured and divided, a few snips should be made with the scissors radiating out from the ligatured artery into the substance of the tongue. This lessens the chance of cutting the artery again in the later stages of the operation. All that now remains to be done is to complete the operation, cutting wide of the disease.

The advantages of this method are ease and certainty in securing the lingual artery; diminished bleeding from small vessels; greater certainty in cutting wide of the disease; along with an intact condition of the tissues of the neck for subsequent removal of the submaxillary and lymphatic glands, as recommended by Mr. Butlin in the last edition of his admirable work on "Diseases of the Tongue."

In two recent cases of epithelioma of the tongue, I have found this method of securing the lingual artery work admirably. On carrying the procedure out in the dissecting-room, I find that one can reach in this way the same part of the artery that is tied in the usual operation for a preliminary ligature in the submaxillary triangle.